STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Jame	s Kokoszyna			
II. Name of lobbyist's partnersh	ip, firm or corporation, if a	ny:		
Allergan USA, Inc.	•	•		
(Name of partners	hip, firm or corporation)			
c/o 28 Liberty Ship Way, Suite	2815 Sausali	to CA	94965	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
⁽⁴¹⁵) 903-2800	(415)610-7604	e-mail allerga	e-mail allergan@politicomlaw.com	
(Telephone)	(Fax		· · · · · · · · · · · · · · · · · · ·	
III. This statement covers: (Cho reportable expense transactions			may file a separate report for	
All reportable transactions occ	curring in the months prior to	the reporting date relative t	o the following client:	
Allergan USA, Inc.				
	of Client as it appears on the Lo	obbyist Registration Form)		
<u>OR</u>	• •	,		
☐ All reportable transactions by tunrelated to any particular client.	he lobbyist (including the lob	obyist's family), or the lobb	ying firm listed below which are	
IV. Date of Report April 26, 2017 Reports cover: activity from date of registration to 3/31/17		July 26, 2017 activity from 4/1/17 to 6/30	0/17	
October 25, 2017 activity from 7/1/17 to 9/30/17		January 31, 2018 activity from 10/1/17 to 12/31/17		
V. There have been no fees re If this box is checked, complete ju. Concord. NH 03301.	-		<u> </u>	
VI. Check if additional reports a	re attached:			
☐ If you have received fees or m		file Addendum A – Fees an	d Expenses	
☐ If you have paid an honorariu Expense Reimbursement	= = =		=	
☐ If you, your firm, or your fam	ily has made political contrib	outions, you must file Adde	ndum C- Political Contributions	
Sworn Statement/Affirmation b I have read RSA 15, RSA 15-B, R and complete to the best of my kn	SA 14-C and RSA 664 and I	nereby swear or affirm that to	the foregoing information is true	
(Signature of Jobbyist)			(Date)	
James Kokoszyna			RECEIVE[
(Print Name of lobbyist)				

OCT 2 3 2017